

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mg</i>		7/10/00
O.I.P.E. CLASSIFIER		8	7-1300
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>SB</i>	<i>5002</i>	8-21-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	12/2/02
2	6/13/02
3	2/18/04
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Claim	Date
Final	
Original	
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52	6/13/02
53	2/18/04
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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